

SERFF Tracking Number:	TRVC-125957814	State:	Arkansas
Filing Company:	Northland Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	NIC-08-031AR		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0004 Truckers
Product Name:	Truck Program		
Project Name/Number:	Form Revisions/Additions/NIC-08-031AR		

## Filing at a Glance

Company: Northland Insurance Company

Product Name: Truck Program

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

Filing Type: Form

Effective Date Requested (New): 04/01/2009

Effective Date Requested (Renewal): 04/15/2009

State Filing Description:

SERFF Tr Num: TRVC-125957814 State: Arkansas

SERFF Status: Closed

Co Tr Num: NIC-08-031AR

Co Status: Pending

Author: Amy Ozmun

Date Submitted: 12/19/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Disposition Date: 01/06/2009

Disposition Status: Approved

Effective Date (New): 04/01/2009

Effective Date (Renewal): 04/15/2009

## General Information

Project Name: Form Revisions/Additions

Project Number: NIC-08-031AR

Reference Organization: ISO

Reference Title: N/A

Filing Status Changed: 01/06/2009

State Status Changed: 12/22/2008

Corresponding Filing Tracking Number: N/A

Filing Description:

This letter and the attached material are submitted as an independent filing on behalf of the Northland Insurance Company.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: N/A

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

By this submission we also propose to place on file the enclosed new and revised forms for use with our Truck Program in your state. Our company has recently developed a new rating and policy issuance system. We will be maintaining two separate database systems to enter policies. One system will be used for our Truck Program Fleet business and

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<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>Truck Program</i>		
<i>Project Name/Number:</i>	<i>Form Revisions/Additions/NIC-08-031AR</i>		

the other for the Truck Program Non-Fleet business. In order to accommodate our new rating system, it will be necessary to have forms that can be utilized by both systems or on an individual basis for our filed Truck Program.

A number of the proposed forms will have the capability to address all coverage's, yet the form will display only the coverage's purchased by the insured. The attached forms will display the capacity of the form, and will be customized according to the purchased coverage's. Technically, the following form revisions do not alter the terms and conditions of the endorsement. We have made a number of format changes and have outlined them under each revised form. We have also created several new declarations, endorsements and supplemental forms specific to the new rating system. Please refer to the attached filing memorandum which displays the new and revised forms changes.

The filing fee of \$50.00 has been submitted via EFT.

Your acknowledgment and approval of this filing to be effective April 1, 2009, for new business and April 15, 2009 for renewal business, sent via SERFF, will be appreciated.

## Company and Contact

### Filing Contact Information

Amy Ozmun, State Filings Analyst	aozmun@northlandins.com
385 Washington Street	(800) 237-9334 [Phone]
St. Paul, MN 55102	(651) 310-4101[FAX]

### Filing Company Information

Northland Insurance Company	CoCode: 24015	State of Domicile: Minnesota
385 Washington St	Group Code: 3548	Company Type: Property Casualty
Mail Code 9275-SB03N		
St. Paul, MN 55102	Group Name:	State ID Number:
(800) 237-9334 ext. [Phone]	FEIN Number: 41-6009967	

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## Filing Fees

Fee Required?	Yes
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<i>SERFF Tracking Number:</i>	<i>TRVC-125957814</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Northland Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NIC-08-031AR</i>		
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<i>Product Name:</i>	<i>Truck Program</i>		
<i>Project Name/Number:</i>	<i>Form Revisions/Additions/NIC-08-031AR</i>		
<b>Fee Amount:</b>	<b>\$50.00</b>		
<b>Retaliatory?</b>	<b>No</b>		
<b>Fee Explanation:</b>	<b>Filing or review of policy, contract, endorsements, certificates, applications \$ 50 PER SUBMISSION</b>		
<b>Per Company:</b>	<b>No</b>		

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Northland Insurance Company	\$50.00	12/19/2008	24640886

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<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>Truck Program</i>		
<i>Project Name/Number:</i>	<i>Form Revisions/Additions/NIC-08-031AR</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	01/06/2009	01/06/2009

<i>SERFF Tracking Number:</i>	<i>TRVC-125957814</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Northland Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NIC-08-031AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>Truck Program</i>		
<i>Project Name/Number:</i>	<i>Form Revisions/Additions/NIC-08-031AR</i>		

## Disposition

Disposition Date: 01/06/2009  
Effective Date (New): 04/01/2009  
Effective Date (Renewal): 04/15/2009  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVC-125957814 State: Arkansas  
Filing Company: Northland Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: NIC-08-031AR  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Truck Program  
Project Name/Number: Form Revisions/Additions/NIC-08-031AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Memorandum	Approved	Yes
Form	Common Policy Declarations	Approved	Yes
Form	Commercial Insurance Policy	Approved	Yes
Form	Policy Changes	Approved	Yes
Form	Change Endorsement	Approved	Yes
Form	Continuation Endorsement	Approved	Yes
Form	Named Insured Endorsement	Approved	Yes
Form	Schedule of Forms and Endorsements	Approved	Yes
Form	Commercial Auto Declarations	Approved	Yes
Form	Schedule of Automobiles	Approved	Yes
Form	Radius Restriction	Approved	Yes
Form	Punitive Damages Exclusion	Approved	Yes
Form	Additional Insured Endorsement	Approved	Yes
Form	Policy Changes - Lessee Coverage	Approved	Yes
Form	Truckers - Insurance For Non-Trucking Use	Approved	Yes
Form	Hired Autos Specified As Covered Autos You Own (Autos Hired with Drivers; Non-Trucking Use Excluded)	Approved	Yes
Form	Hired Autos Specified As Covered Autos You Own (Autos Hired with Drivers; Non-Trucking Use Excluded)	Approved	Yes
Form	Hired Autos Specified As Covered Autos You Own (Autos Hired with Drivers; Non-Trucking Use Included)	Approved	Yes
Form	Transfer Of Rights Of Recovery Against Others To Us	Approved	Yes
Form	Deductible Reimbursement Coverage	Approved	Yes
Form	Lessor - Additional Insured and Loss Payee (Multi Units Under Written Lease with Single Lessor)	Approved	Yes
Form	Deluxe Coverage Endorsement	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>TRVC-125957814</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Northland Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NIC-08-031AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>Truck Program</i>		
<i>Project Name/Number:</i>	<i>Form Revisions/Additions/NIC-08-031AR</i>		

<b>Form</b>	Lessor - Additional Insured and Loss Payee	Approved	Yes
<b>Form</b>	Commercial Auto Coverage Form Declarations	Approved	Yes
<b>Form</b>	Supplementary Commercial Auto Coverage Form Declarations	Approved	Yes
<b>Form</b>	Commercial General Liability Declarations	Approved	Yes
<b>Form</b>	Exclusion - Discrimination	Approved	Yes
<b>Form</b>	Limitation - Classification	Approved	Yes
<b>Form</b>	Commercial Inland Marine Declarations	Approved	Yes
<b>Form</b>	Loss Payee Provisions	Approved	Yes
<b>Form</b>	Transportation Cargo Coverage Declarations	Approved	Yes
<b>Form</b>	Theft Deductible	Approved	Yes
<b>Form</b>	Named Shipper Limit of Insurance	Approved	Yes
<b>Form</b>	Portable Elevators or Loading Chutes	Approved	Yes

SERFF Tracking Number: TRVC-125957814 State: Arkansas

Filing Company: Northland Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: NIC-08-031AR

TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers

Product Name: Truck Program

Project Name/Number: Form Revisions/Additions/NIC-08-031AR

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Common Policy Declarations	TDL-04	(1/07)	Declaration New s/Schedule		0.00	TDL04_0107_NIC.pdf
Approved	Commercial Insurance Policy	TJL-01	(1/07)	Declaration New s/Schedule		0.00	TJL01_0107_NIC.pdf
Approved	Policy Changes	TL-064	(1/08)	Endorseme New nt/Amendm ent/Condi ti ons		0.00	TL064_0108 a.pdf TL064_0108 b.pdf
Approved	Change Endorsement	TL-066	(1/07)	Endorseme New nt/Amendm ent/Condi ti ons		0.00	TL066_0107 .pdf
Approved	Continuation Endorsement	TL-365	(1/08)	Endorseme New nt/Amendm ent/Condi ti ons		0.00	TL365_0108 .pdf
Approved	Named Insured Endorsement	TL-476	(1/07)	Endorseme New nt/Amendm ent/Condi ti ons		0.00	TL476_0107 .pdf
Approved	Schedule of Forms and Endorsements	NL-2500	(1/07)	Endorseme New nt/Amendm ent/Condi ti ons		0.00	NL2500_0107.pdf
Approved	Commercial Auto Declarations	TDL-01	(1/07)	Declaration New s/Schedule		0.00	TDL01_0107_NIC.pdf
Approved	Schedule of Automobiles	TL-434	(8/07)	Declaration New s/Schedule		0.00	TL434_0807 .pdf
Approved	Radius Restriction	T-004	(1/07)	Endorseme Replaced nt/Amendm ent/Condi ti ons	Replaced Form #: T-004 (9/90) Previous Filing #:	0.00	T004_0107. pdf
Approved	Punitive	T-006 AR	(1/09)	Endorseme Replaced	Replaced Form #:	0.00	T006AR_01

SERFF Tracking Number: TRVC-125957814 State: Arkansas  
Filing Company: Northland Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: NIC-08-031AR  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Truck Program  
Project Name/Number: Form Revisions/Additions/NIC-08-031AR

	Damages			nt/Amendm	T-038 (9/90)	09.pdf
	Exclusion			ent/Condi	Previous Filing #:	
				ons		
Approved	Additional Insured Endorsement	T-164	(1/07)	Endorsement Replaced nt/Amendm ent/Condi	Replaced Form #:0.00 T-164 (9/05) Previous Filing #:	T164_0107.pdf
				ons		
Approved	Policy Changes - Lessee Coverage	T-187	(1/07)	Endorsement Replaced nt/Amendm ent/Condi	Replaced Form #:0.00 T-238 (11/96) Previous Filing #:	T187_0107.pdf
				ons		
Approved	Truckers - Insurance For Non-Trucking Use	T-348	(1/07)	Endorsement Replaced nt/Amendm ent/Condi	Replaced Form #:0.00 T-348 (10/95) Previous Filing #:	T348_0107.pdf
				ons		
Approved	Hired Autos Specified As Covered Autos You Own (Autos Hired with Drivers; Non-Trucking Use Excluded)	T-360	(1/07)	Endorsement Replaced nt/Amendm ent/Condi	Replaced Form #:0.00 T-360 (6/96) Previous Filing #:	T360_0107.pdf
				ons		
Approved	Hired Autos Specified As Covered Autos You Own (Autos Hired with Drivers; Non-Trucking Use Excluded)	T-361	(1/07)	Endorsement Replaced nt/Amendm ent/Condi	Replaced Form #:0.00 T-361 (6/96) Previous Filing #:	T361_0107.pdf
				ons		
Approved	Hired Autos Specified As Covered Autos You Own (Autos Hired with Drivers; Non-Trucking Use	T-362	(1/07)	Endorsement Replaced nt/Amendm ent/Condi	Replaced Form #:0.00 T-362 (6/96) Previous Filing #:	T362_0107.pdf
				ons		

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Company Tracking Number: NIC-08-031AR  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Truck Program  
Project Name/Number: Form Revisions/Additions/NIC-08-031AR

Included)						
Approved	Transfer Of Rights Of Recovery Against Others To Us	T-403	(11/07)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 T-403 (7/99) Previous Filing #:	T403_1107.pdf
Approved	Deductible Reimbursement Coverage	T-410	(1/07)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 T-410 (9/05) Previous Filing #:	T410_0107.pdf
Approved	Lessor - Additional Insured and Loss Payee (Multi Units Under Written Lease with Single Lessor)	T-440	(1/07)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 T-440 (6/03) Previous Filing #:	T440_0107.pdf
Approved	Deluxe Coverage Endorsement	T-465	(8/07)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 T-465 (9/05) Previous Filing #:	T465_0807.pdf
Approved	Lessor - Additional Insured and Loss Payee	T-470	(1/07)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 T-470 (12/05) Previous Filing #:	T470_0107.pdf
Approved	Commercial Auto Coverage Form Declarations	TD-01	(1/07)	Declaration Replaced s/Schedule	Replaced Form #:0.00 TD-01 (9/05) Previous Filing #:	TD01_0107.pdf
Approved	Supplementary Commercial Auto Coverage Form Declarations	TD-01S	(1/07)	Declaration Replaced s/Schedule	Replaced Form #:0.00 TD-01S (8/05) Previous Filing #:	TD01s_0107.pdf
Approved	Commercial General Liability Declarations	TDL-25	(1/07)	Declaration New s/Schedule	0.00	TDL25_0107_NIC.pdf
Approved	Exclusion - Discrimination	T-479	(1/07)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 S2601-CG (8/02) Previous Filing #:	T479_0107.pdf

SERFF Tracking Number: TRVC-125957814 State: Arkansas  
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 Company Tracking Number: NIC-08-031AR  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
 Product Name: Truck Program  
 Project Name/Number: Form Revisions/Additions/NIC-08-031AR

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Approved	Limitation - Classification	T-480	(1/07)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 S17-CG (6/99) Previous Filing #:	T480_0107.pdf
Approved	Commercial Inland Marine Declarations	TDL-10	(1/07)	Declaration New s/Schedule	0.00	TDL10_0107_NIC.pdf
Approved	Loss Payee Provisions	S295-CM	(1/07)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 S295-CM (9/88) Previous Filing #:	S295CM_0107.pdf
Approved	Transportation Cargo Coverage Declarations	TDL-441	(8/07)	Declaration New s/Schedule	0.00	TDL441_0807.pdf
Approved	Theft Deductible	T-404	(1/07)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 T-404 (6/03) Previous Filing #:	T404_0107.pdf
Approved	Named Shipper Limit of Insurance	T-437	(1/07)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 T-437 (9/05) Previous Filing #:	T437_0107.pdf
Approved	Portable Elevators or Loading Chutes	T-007	(9/90)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:	





Northland Insurance Company  
St. Paul, MN 55102

## COMMON POLICY DECLARATIONS

Producer No: \_\_\_\_\_ Retail No: \_\_\_\_\_ Policy No: \_\_\_\_\_  
Previous Policy No: \_\_\_\_\_  
**POLICY PERIOD:** From \_\_\_\_\_ To \_\_\_\_\_ Term: \_\_\_\_\_  
at 12:01 A.M. Standard Time at your mailing address shown below.  
**Named Insured:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

### BUSINESS DESCRIPTION:

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,  
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART DESCRIPTION	PREMIUM
Commercial Auto Coverage Part .....	\$ .....
Commercial General Liability Coverage Part .....	\$ .....
Commercial Inland Marine Coverage Part .....	\$ .....
Commercial Transportation Cargo Coverage Part .....	\$ .....
	<b>PREMIUM TOTAL</b> \$ .....
Fully Earned	Tax/Fee Name \$ .....
	Other Charges Total \$ .....
	<b>POLICY TOTAL</b> \$ .....

### FORMS AND ENDORSEMENTS

The schedule of coverage declarations, forms and endorsements shown on NL-2500 make up your policy as of the effective date shown above.

Producer Name/Address: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Producer's Signature \_\_\_\_\_



**Northland Insurance Company**  
385 Washington Street, St. Paul, MN 55102  
1-800-237-9334    Claims: 1-800-328-5972

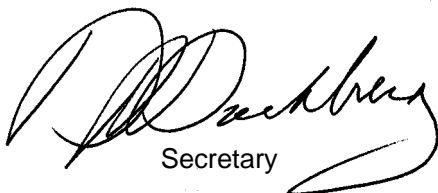
## COMMERCIAL INSURANCE POLICY

**Your Policy Number:**

This policy consists of this policy cover, the Declarations and the forms, schedules and endorsements listed. **READ YOUR POLICY CAREFULLY.**

In return for the payment of the premium, the insuring company agrees with the Named Insured to provide the insurance afforded by this policy. That insurance will be provided by the company indicated as insuring company in the Declarations.

**In Witness Whereof**, we have caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative for us.

  
Secretary

  
President

## POLICY CHANGES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes Policy Number: \_\_\_\_\_ Effective: \_\_\_\_\_ **Endorsement Number:**  
Issued to: \_\_\_\_\_ (12:01 A.M. Std. Time)

The Named Insured is CHANGED to read:

The Legal Entity is CHANGED to:

The Named Insured's Address is CHANGED to read:

The following Garaging Location Address is CHANGED to read:

The following Garaging Location is ADDED:

Location Number:

The following Garaging Location is DELETED:

Location Number:

The following ITEM(S) of the Policy Declarations (TDL-01) are AMENDED to read as shown:

Covered "Autos" Symbols are AMENDED as follows for the listed coverage(s):

Coverage is no longer provided for Symbol(s)

The following unit(s) are ADDED to the policy for the coverages shown:

The following unit(s) are DELETED from the policy:

The following unit(s) and coverage(s) are AMENDED to the following:

ENDORSEMENT PREMIUM: \$  
\$  
NEW TOTAL POLICY TERM PREMIUM: \$

Insured's Acceptance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured/Insured's Authorized Representative Signature

All other terms and conditions of this policy remain unchanged.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Producer's Signature

## POLICY CHANGES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes Policy Number:  
Issued to:

Effective:

**Endorsement Number:**  
(12:01 A.M. Std. Time)

The following Additional Interest(s) are ADDED/AMENDED:

The following Additional Interest(s) are DELETED:

The following Driver(s) are ADDED to the policy:

The following Driver(s) are DELETED from the policy:

The following form(s) are ADDED to the policy:

The following form(s) are DELETED from the policy:

ENDORSEMENT PREMIUM:           \$  
   \$  
NEW TOTAL POLICY TERM PREMIUM: \$

Insured's Acceptance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured/Insured's Authorized Representative Signature

**All other terms and conditions of this policy remain unchanged.**

Date: \_\_\_\_\_  
\_\_\_\_\_  
Producer's Signature

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CHANGE ENDORSEMENT**



**St. Paul, MN 55102**

**Named Insured**

**Endorsement Number**

**Policy Period: From To**

**Policy Number  
Changes Effective**

This endorsement modifies insurance provided under the following:

**Changes**

**The following form(s) is ADDED to the policy:**

**The following form(s) is DELETED from the policy:**

ENDORSEMENT PREMIUM: \$

NEW TOTAL POLICY TERM PREMIUM: \$

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Authorized Representative



Northland Insurance Company  
St. Paul, MN 55102

## CONTINUATION ENDORSEMENT

Endorsement Number:

Producer No:

Retail No:

Policy No:

Continuation of Previous Policy No:

**POLICY PERIOD:** From \_\_\_\_\_ To \_\_\_\_\_  
at 12:01 A.M. Standard Time at your mailing address shown below.

**Named Insured:**

**Mailing Address:**

**IN RETURN FOR THE PAYMENT OF THE CONTINUATION PREMIUM INDICATED, WE AGREE WITH YOU TO PROVIDE THE INSURANCE COVERAGE SUBJECT TO ALL THE TERMS AND ENDORSEMENTS OF THE POLICY DESIGNATED ABOVE, FOR THE PERIOD STATED, EXCEPT AS SHOWN BELOW.**

The following changes apply to the continuation of this policy. (If none are indicated, there have been no changes):

THIS ENDORSEMENT PROVIDES CONTINUATION OF THE FOLLOWING COVERAGE PART(S) FOR WHICH A PREMIUM IS INDICATED.

This premium may be subject to adjustment.

COVERAGE PART DESCRIPTION	MONTHLY CHARGES
Commercial Auto Coverage Part .....	\$ _____
Commercial General Liability Coverage Part .....	\$ _____
Commercial Inland Marine Coverage Part .....	\$ _____
Commercial Transportation Cargo Coverage Part .....	\$ _____
Monthly Continuation Premium Total	\$ _____
<b>MONTHLY CHARGES TOTAL</b>	<b>\$ _____</b>
	<b>ANNUAL CHARGES</b>
	\$ _____

The following form(s) is ADDED to the policy:

The following form(s) is DELETED from the policy:

All previously issued forms associated with Policy \_\_\_\_\_ are deleted.

### FORMS AND ENDORSEMENTS

The schedule of coverage declarations, forms and endorsements shown on NL-2500 make up your policy as of the effective date shown above.

Producer Name/Address:

\_\_\_\_\_  
Date By \_\_\_\_\_  
Producer's Signature

## NAMED INSURED ENDORSEMENT

This endorsement is **EFFECTIVE**

and is part of Policy Number:

This endorsement applies to all coverage parts.

The Named Insured is:

# SCHEDULE OF FORMS AND ENDORSEMENTS

Effective Date:

Policy No:

Named Insured:

The following schedule of coverage declarations, forms and endorsements make up your policy as of the effective date shown above.

**COMMON POLICY DECLARATIONS - TDL-04 (1/07)**

The following forms and endorsements apply to all coverage parts:

**COMMERCIAL AUTO DECLARATIONS - TDL-01 (1/07)**

The following forms and endorsements apply to the Commercial Auto Coverage Part only:

**COMMERCIAL GENERAL LIABILITY DECLARATIONS - TDL-25 (1/07)**

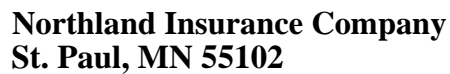
The following forms and endorsements apply to the Commercial General Liability Coverage Part only:

**COMMERCIAL INLAND MARINE DECLARATIONS - TDL-10 (1/07)**

The following forms and endorsements apply to the Commercial Inland Marine Coverage Part only:

**TRANSPORTATION CARGO DECLARATIONS - TDL-441 (1/07)**

The following forms and endorsements apply to the Transportation Cargo Coverage Part only:



BROADENED RENTAL REIMBURSEMENT COMPREHENSIVE	Separately Stated in Endorsement(s)	\$
BROADENED RENTAL REIMBURSEMENT SPECIFIED CAUSES OF LOSS	Separately Stated in Endorsement(s)	\$
BROADENED RENTAL REIMBURSEMENT COLLISION	Separately Stated in Endorsement(s)	\$

#### ADDITIONAL PREMIUM PER ENDORSEMENT

TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US	\$
FAMILY EMERGENCY TRAVEL COVERAGE	\$
DEDUCTIBLE REIMBURSEMENT LIABILITY	\$
DEDUCTIBLE REIMBURSEMENT PHYSICAL DAMAGE	\$
DELUXE COVERAGE	\$

**ESTIMATED TOTAL PREMIUM \$**

#### FORMS AND ENDORSEMENTS

The schedule of coverage declarations, forms and endorsements shown on NL-2500 make up your policy as of the effective date shown above.

#### ITEM THREE - SCHEDULE OF AUTOMOBILES

The Schedule of Automobiles shown on TL-434 make up your policy as of the effective date shown on the Common Policy Declarations.

#### ITEM FOUR - HIRED AUTO LIABILITY INSURANCE

Cost of hire means the total cost you incur to lease, hire or borrow "autos" you don't own.

	ESTIMATED COST OF HIRE	RATE PER \$100 COST OF HIRE	MINIMUM PREMIUM	ADVANCE PREMIUM (incl. in ITEM TWO LIABILITY)
	\$	\$	\$	\$

#### ITEM FIVE - NAMED LESSEE(S)

ADVANCE PREMIUM (incl. in ITEM TWO - LIABILITY) \$

#### ITEM SIX - ADDITIONAL SYMBOLS

NOT APPLICABLE

#### ITEM SEVEN - SCHEDULE FOR NON-OWNERSHIP LIABILITY

ESTIMATED # OF EMPLOYEES: _____	ADVANCE PREMIUM (incl. in ITEM TWO - LIABILITY)	\$
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#### ITEM EIGHT - SCHEDULE OF HIRED COVERED AUTO COVERAGE - Physical Damage Insurance

Stated Limit, Actual Cash Value or Cost of Repairs whichever is less, minus the deductible

LIMIT OF LIABILITY \$	ESTIMATED # OF DAYS	COVERAGES	DEDUCTIBLE	DAILY RATE	MINIMUM PREMIUM	ADVANCE PREMIUM (incl. in ITEM TWO PHYSICAL DAMAGE)
		Comprehensive	\$	\$	\$	\$
		Specified Causes of Loss	\$	\$	\$	\$
		Collision	\$	\$	\$	\$
		<b>TOTAL</b>			\$	\$

#### ITEM NINE - TRAILER INTERCHANGE INSURANCE

Stated Limit, Actual Cash Value or Cost of Repairs whichever is less, minus the deductible

LIMIT OF LIABILITY \$	NUMBER OF TRAILER DAYS	DEDUCTIBLE	RATE	MINIMUM PREMIUM	ADVANCE PREMIUM (incl. in ITEM TWO LIABILITY)
		\$	\$	\$	\$

ITEM TEN - MONTHLY REPORTING POLICIES

NOT APPLICABLE

SCHEDULE OF AUTOMOBILES
(forming part of DECLARATIONS)

Policy No.

Issued to:
[ ] Combined Deductible Applies

Table with 4 columns: NO., UNIT ID, YEAR, MAKE, VEHICLE TYPE, VIN NUMBER

LIABILITY

Table with 8 columns: NO., LIABILITY, NT O/O LIAB, PIP, NT O/O PIP, UM, UIM

PHYSICAL DAMAGE

Table with 7 columns: NO., DEDUCTIBLE, COLLISION, DEDUCTIBLE, DELUXE COVERAGE, STATED LIMIT

Table with 2 columns: NO., AI - Additional Insured LP - Loss Payee LE - Employee as Lessor AL - Lessor-Additional Insured and Loss Payee

CARGO

Table with 6 columns: NO., LIMIT, DEDUCTIBLE, THEFT DED., CARGO RATE, CARGO PREMIUM

ADDITIONAL COVERAGES

Table with 3 columns: NO., COVERAGE DESCRIPTION, PREMIUM

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### **RADIUS RESTRICTION**

\*This endorsement is **EFFECTIVE**

\*and is part of Policy Number:

\*issued to:

\*Entry optional if shown in the Common Policy Declarations. If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

The premium for this policy is based on your telling us that certain "autos" will not be used for regular and frequent trips outside a \_\_\_\_\_ mile radius of the garaging address stated in the DECLARATIONS.

☐

LIABILITY COVERAGE

☐

PHYSICAL DAMAGE COVERAGE

is changed by adding the following exclusion:

The following "autos" are not covered if used for regular and frequent trips outside the radius described above:

THIS ENDORSEMENT DOES NOT APPLY TO REQUIRED OR MANDATORY COVERAGES UNDER ANY STATE NO-FAULT OR MOTOR VEHICLE REPARATIONS ACT.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PUNITIVE DAMAGES EXCLUSION - ARKANSAS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

LIABILITY COVERAGE is changed by adding the following exclusion:

This insurance does not apply to punitive and/ or exemplary damages.

Punitive or exemplary damages are damages imposed to punish a wrongdoer and deter others from similar conduct.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED ENDORSEMENT

\*This endorsement is **EFFECTIVE**

\*and is part of Policy Number:

\*issued to:

\*Entry optional if shown in the Common Policy Declarations. If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form subject to the following conditions:

1. No liability is assumed by that person(s) or organization(s) for the payment of any premiums stated in the policy or earned under the policy.
2. If we cancel or nonrenew the policy, a copy of the written notice of cancellation will be mailed by us to that person(s) or organization(s).

All other terms and conditions of the policy remain unchanged.

### SCHEDULE

**Name of Person(s) or Organization(s):**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **POLICY CHANGES - LESSEE COVERAGE**

This endorsement modifies insurance under the following:

### **TRUCKERS COVERAGE FORM**

#### **SECTION II - LIABILITY COVERAGE**

The following is added to **A.1. WHO IS AN INSURED.**

- f. All lessee(s) are an "insured" for the use of a covered "auto" you own or hire, subject to the following provisions:
  - (1) The covered "auto" is being used in the business of the lessee(s).
  - (2) The covered "auto" must be leased in writing and the lease must contain a written hold harmless agreement between you and the lessee regarding automobile liability "bodily injury" and "property damage". Any such lease is considered an "insured contract" and the Exclusions **6.b.** and **6.c.** of **SECTION VI - DEFINITIONS, F. "Insured Contract"** do not apply.
  - (3) This coverage extends to any liability he or she may have under any regulatory act.

#### **SECTION V - CONDITIONS**

The following conditions are added to **B. General Conditions:**

- 9. If your policy is written on a gross receipts basis, the term "gross receipts" includes the actual remuneration received from leasing the covered "autos" to the lessee(s).
- 10. If we cancel your policy or reduce the limit of insurance for liability coverage, we will not give the lessee(s) notice.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TRUCKERS - INSURANCE FOR NON-TRUCKING USE**

This endorsement is **EFFECTIVE**

and is part of Policy Number:

issued to:

This endorsement modifies insurance provided under the following:

**MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM**

LIABILITY COVERAGE for a covered "auto" described in the Schedule is changed as follows:

**b.** A covered "auto" while in the business of anyone to whom the "auto" is rented.

**1.** The following exclusions are added:

**2.** WHO IS AN INSURED does not include anyone engaged in the business of transporting property by "auto" for hire who is liable for your conduct.

This insurance does not apply to:

**a.** A covered "auto" while used to carry property in any business.

(If no entry appears below, information required to complete this endorsement will be shown in the Declarations.)

**SCHEDULE**

**Description of covered "auto":**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**HIRED AUTOS SPECIFIED AS COVERED AUTOS YOU OWN  
(AUTOS HIRED WITH DRIVERS; NON-TRUCKING USE EXCLUDED)**

This endorsement is **EFFECTIVE**

and is part of Policy Number:

issued to:

This endorsement modifies insurance provided under the following:

**TRUCKERS COVERAGE FORM**

**A.** While any covered "auto" described in the Schedule is rented or leased to you, and then only while the covered "auto" is used exclusively in your business as a "trucker", it will be considered a covered "auto" you own and not a covered "auto" you hire, borrow or lease under the coverage for which it is a covered "auto".

**B. CHANGES IN COVERAGE**

The following is added to WHO IS AN INSURED:

While any covered "auto" described in the Schedule is rented or leased to you, its owner or anyone else from whom you rent or lease it is an "insured" but only for that covered "auto".

**C. LOSS PAYABLE CLAUSE**

1. We will pay you and the lessor named in this endorsement for "loss" to the scheduled auto as interest may appear.
2. If we make any payment to the lessor, we will obtain his or her rights against any other party.
3. When this endorsement is attached to your policy along with a LOSS PAYABLE CLAUSE endorsement, Paragraph A of that endorsement is amended to include you, and the loss payee named in the policy, and the lessor named in this endorsement, as interest may appear.

**SCHEDULE**

Lessor/Address:

Designation or Description of "Autos":

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**HIRED AUTOS SPECIFIED AS COVERED AUTOS YOU OWN  
(AUTOS HIRED WITH DRIVERS; NON-TRUCKING USE EXCLUDED)**

This endorsement is **EFFECTIVE**

and is part of Policy Number:

issued to:

This endorsement modifies insurance provided under the following:

**MOTOR CARRIER COVERAGE FORM**

**A.** While any covered "auto" described in the Schedule is rented or leased to you, and then only while the covered "auto" is used exclusively in your business as a "motor carrier" for hire, it will be considered a covered "auto" you own and not a covered "auto" you hire, borrow or lease under the coverage for which it is a covered "auto".

**B. CHANGES IN COVERAGE**

The following is added to WHO IS AN INSURED:

While any covered "auto" described in the Schedule is rented or leased to you, its owner or anyone else from whom you rent or lease it is an "insured" but only for that covered "auto".

**C. LOSS PAYABLE CLAUSE**

1. We will pay you and the lessor named in this endorsement for "loss" to the scheduled auto as interest may appear.
2. If we make any payment to the lessor, we will obtain his or her rights against any other party.
3. When this endorsement is attached to your policy along with a LOSS PAYABLE CLAUSE endorsement, Paragraph A of that endorsement is amended to include you, and the loss payee named in the policy, and the lessor named in this endorsement, as interest may appear.

**SCHEDULE**

Lessor/Address:

Designation or Description of "Autos":

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**HIRED AUTOS SPECIFIED AS COVERED AUTOS YOU OWN  
(AUTOS HIRED WITH DRIVERS; NON-TRUCKING USE INCLUDED)**

This endorsement is **EFFECTIVE**

and is part of Policy Number:

issued to:

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

**A.** While any covered "auto" described in the Schedule is rented or leased to you, it will be considered a covered "auto" you own and not a covered "auto" you hire, borrow or lease under the coverage for which it is a covered "auto".

However, this insurance does not apply while any covered "auto" described in the Schedule is operated in the business of any person or organization providing transportation by "auto" in the furtherance of a commercial enterprise other than you.

**B. CHANGES IN COVERAGE**

The following is added to WHO IS AN INSURED:

While any covered "auto" described in the Schedule is rented or leased to you, its owner or anyone else from whom you rent or lease it is an "insured" but only for that covered "auto".

(If no entry appears below, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**SCHEDULE**

Lessor/Address:

Designation or Description of "Autos":

**C. LOSS PAYABLE CLAUSE**

1. We will pay you and the lessor named in this endorsement for "loss" to the scheduled auto as interest may appear.
2. If we make any payment to the lessor, we will obtain his or her rights against any other party.
3. When this endorsement is attached to your policy along with a LOSS PAYABLE CLAUSE endorsement, Paragraph A of that endorsement is amended to include you, and the loss payee named in the policy, and the lessor named in this endorsement, as interest may appear.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

\* This endorsement is **EFFECTIVE**

\* and is part of Policy Number:

\* issued to:

\* Entry optional if shown in the Common Policy Declarations. If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

This endorsement modifies insurance under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

LIABILITY COVERAGE is changed:

The Condition entitled "Transfer of Rights of Recovery Against Others to Us" does not apply to:

**SCHEDULE**

Name of Person or Organization:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## DEDUCTIBLE REIMBURSEMENT COVERAGE

\*This endorsement is **EFFECTIVE**

\*and is part of Policy Number:

\*issued to:

\*Entry optional if shown in the Common Policy Declarations. If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRANSPORTATION CARGO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

### SCHEDULE

Description of Covered "Auto":

Coverage(s) to which this insurance applies:

	Limit of Insurance	Retained Amount	Premium
<input type="checkbox"/> Liability			
<input type="checkbox"/> Physical Damage			
<input type="checkbox"/> Cargo			

#### A. Coverage

1. We will pay for any contractual obligation you have to reimburse a motor carrier its insurance deductible(s) due to an accident and resulting from the ownership, maintenance or use of a covered auto. The covered auto must be leased in writing to the motor carrier and used in the business of the motor carrier at the time of the accident.
2. **Who Is An Insured** does not include anyone engaged in the business of transporting property by "auto" for hire who is liable for your conduct.

#### B. Exclusions

1. This coverage does not apply to:
  - a. "Loss" resulting from dishonest acts by you, your employees, or your agents, whether occurring during the hours of employment or at any other time.
  - b. "Loss" to contraband or property in the course of illegal transportation or trade.
  - c. Delay, loss of use, loss of market or any other causes of consequential "loss".

2. We will not pay for "loss" caused by or resulting from any of the following:

- a. Your liability for the payment of any fines, assessments, damages, attorney's fees, court costs or any other penalties which you shall be required to pay as a result of the violations of any law or regulations relating to any delay in the payment, denial or settlement of any claim for "loss".
- b. Internal revenue taxes nor customs duties on alcoholic beverages unless the "loss" of alcoholic beverages is from theft provided such theft is covered by the motor carrier's insurance.

**C. Limit of Insurance**

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay under this coverage is the lesser of:

1. Your contractual obligation to the motor carrier for an insurance deductible(s);
2. The sum of the deductible(s) incurred by the motor carrier resulting from an accident; or
3. The Limit of Insurance specified in the Schedule.

For each covered "auto", our obligation to pay will be reduced by the applicable Retained Amount shown in the Schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LESSOR - ADDITIONAL INSURED AND LOSS PAYEE  
(Multi Units Under Written Lease With Single Lessor)**

\*This endorsement is **EFFECTIVE**

\*and is part of Policy Number:

\*issued to:

\*Entry optional if shown in the Policy Declarations. If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

**SCHEDULE**

Insurance Company
Policy Number
Effective Date
Expiration Date
Named Insured
Address
Additional Insured (Lessor)
Address
Designation or Description of "Leased Autos": All autos under written lease with Additional Insured listed above.

Coverages	Limit Of Insurance
Liability	\$ Each "Accident"
Personal Injury Protection (or equivalent no-fault coverage)	\$
Comprehensive	ACTUAL CASH VALUE COST OF REPAIR OR STATED LIMIT WHICHEVER IS LESS;MINUS: \$ For Each Covered "Leased Auto"
Collision	ACTUAL CASH VALUE COST OF REPAIR OR STATED LIMIT WHICHEVER IS LESS;MINUS: \$ For Each Covered "Leased Auto"
Specified Causes of Loss	ACTUAL CASH VALUE COST OF REPAIR OR STATED LIMIT WHICHEVER IS LESS; MINUS: \$ For Each Covered "Leased Auto"

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

## **A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow. For a covered "auto" that is a "leased auto" Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule.
2. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto," whichever occurs first.

## **B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto."
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

## **C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

## **D. The lessor is not liable for payment of your premiums.**

## **E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## DELUXE COVERAGE ENDORSEMENT

This endorsement modifies the Coverage provided under the following form(s):

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM  
TRANSPORTATION CARGO COVERAGE FORM

### Diminishing Deductible

The following is added to the **PHYSICAL DAMAGE COVERAGE** Section, Paragraph **D. Deductible** of the BUSINESS AUTO, MOTOR CARRIER, and TRUCKERS COVERAGE FORMS, and to Paragraph **D. Deductible** of the TRANSPORTATION CARGO COVERAGE FORM:

For each consecutive policy period that you purchase this Deluxe Coverage Endorsement and you do not have a paid Physical Damage or Cargo "loss" under any BUSINESS AUTO, MOTOR CARRIER, TRUCKERS or TRANSPORTATION CARGO COVERAGE FORM with us, your deductible stated in the Declaration's page of each such COVERAGE FORM with us will be reduced by the percentage indicated below on the first "loss" during the corresponding policy period:

Loss Free Policy Periods with the Deluxe Coverage Endorsement	Deductible Reduction on the first "loss"
1	0%
2	25%
3	50%
4	75%
5 or more	100%

If we pay a Physical Damage or Cargo "loss" during the policy term under any BUSINESS AUTO, MOTOR CARRIER, TRUCKERS or TRANSPORTATION CARGO COVERAGE FORM you have with us, your deductible stated in the Declaration's page of each such COVERAGE FORM will not be reduced on any subsequent claims during the remainder of your policy term and your deductible reduction will revert back to 0% for each such COVERAGE FORM if coverage is renewed.

### Aggregate Deductible

The following is added to the **PHYSICAL DAMAGE COVERAGE** Section, Paragraph **D. Deductible** of the BUSINESS AUTO, MOTOR CARRIER, and TRUCKERS COVERAGE FORMS:

However, regardless of the number of covered "autos" involved in the same "loss", only one deductible will apply to that "loss". If the deductible amounts vary by "autos", then only the highest applicable deductible will apply to that "loss".

### Personal Effects Coverage

The following is added to the **PHYSICAL DAMAGE COVERAGE** Section, Paragraph **A. Coverage** of the BUSINESS AUTO, MOTOR CARRIER, and TRUCKERS COVERAGE FORMS:

We will pay for "loss" to "personal effects" of the "insured" while inside a covered "auto" subject to a maximum limit of \$2,500 per "loss", and subject to the Comprehensive or Collision deductible, whichever applies, for that covered "auto". However, we will only apply that deductible once if there is "loss" to both "personal effects" and the covered "auto" caused by the same "accident".

The following is added to the **PHYSICAL DAMAGE COVERAGE** Section, Paragraph **B. Exclusions** of the BUSINESS AUTO, MOTOR CARRIER, and TRUCKERS COVERAGE FORMS:

We will not pay for "loss" to "personal effects" of any of the following:

- a. Accounts, bills, currency, deeds, evidence of debt, money, notes, securities, or commercial paper or other documents of value.

- b. Bullion, gold, silver, platinum, or other precious alloys or metals; furs or fur garments; jewelry, watches, precious or semi-precious stones.
- c. Paintings, statuary and other works of art.
- d. Contraband or property in the course of illegal transportation or trade.
- e. "Loss" caused by theft, unless there are visible signs or marks of forcible entry into the covered "auto".

The following is added to the **DEFINITIONS** Section of the BUSINESS AUTO, MOTOR CARRIER, and TRUCKERS COVERAGE FORMS:

"Personal effects" means personal property owned by the "insured".

### **Downtime Loss and Rental Reimbursement Coverage**

The following is added to the **PHYSICAL DAMAGE COVERAGE** Section, Paragraph **A. Coverage** of the BUSINESS AUTO, MOTOR CARRIER, and TRUCKERS COVERAGE FORMS:

We will pay any resulting "downtime loss" and rental reimbursement expenses you sustain as a result of a covered physical damage "loss" to a covered "auto" up to a combined maximum of \$100 per day, for a maximum of 30 days for the same physical damage "loss," subject to the following conditions:

1. We will cover "downtime loss" and rental reimbursement expenses beginning on the 6th day after:
  - a. We have given you our agreement to pay for repairs to a covered "auto" and you have given the repair facility your authorization to make the repairs; or
  - b. The date you first reported the "loss" to us, if we have declared your covered "auto" a total "loss"; and
2. Coverage for "downtime loss" and rental reimbursement expenses will end when any of the following occur:
  - a. You have a spare or reserve "auto" available to you to continue your operations.
  - b. You purchase a replacement "auto".
  - c. Repairs to your covered "auto" have been completed by the repair facility and they determine the covered "auto" is road-worthy.
  - d. You reach the 30 days of maximum coverage.

The following are added to the **DEFINITIONS** Section of the BUSINESS AUTO, MOTOR CARRIER, and TRUCKERS COVERAGE FORMS:

"Downtime loss" means actual loss of "business income" for the period of time that a covered "auto":

1. Is out of service for repair or replacement as a result of a covered physical damage "loss"; and
2. Is in the custody of a repair facility if not a total "loss".

"Business Income" means:

1. Net income (Net profit or loss before income taxes) that would have been earned or incurred; and
2. Continuing normal operating expenses incurred, including payroll.

### **Other Insurance**

The following is added to the **CONDITIONS** Section, Paragraph **B. General Conditions, 5. Other Insurance** of the BUSINESS AUTO COVERAGE FORM, MOTOR CARRIER, and TRUCKERS COVERAGE FORMS:

Any Personal Effects Coverage and any Downtime Loss and Rental Reimbursement Coverage provided by the Deluxe Coverage Endorsement are excess over any other insurance coverage available for the same "loss".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

\*This endorsement is **EFFECTIVE**

\*and is part of Policy Number:

\*issued to:

\*Entry optional if shown in the Policy Declarations. If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow. For a covered "auto" that is a "leased auto" Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule.
2. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

### B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.

3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

### C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums.

### E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

(If no entry appears below, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**SCHEDULE**

Insurance Company

Policy Number

Effective Date

Expiration Date

Named Insured

Address

---

Additional Insured (Lessor)/ Address

---

Designation or Description of "Leased Autos"

---

Auto Liability Limit:

Stated Limit:

**Deductibles**

Collision:

Comprehensive:

Specified Causes of Loss:

---



COMMERCIAL AUTO  
COVERAGE FORM DECLARATIONS

☐ Check here if **PART 2** is attached  
☐ Filings

Coverage is provided in Company checked  
☐ **NORTHLAND INSURANCE COMPANY**  
☐ **NORTHLAND CASUALTY COMPANY**  
☐ **NORTHFIELD INSURANCE COMPANY**  
St. Paul, MN 55102  
STOCK COMPANIES

<b>ITEM ONE - NAMED INSURED AND ADDRESS</b>	Policy Period	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other	POLICY NO.
	From		
	To		
	12:01 A.M. Standard Time at Named "Insured's" Garaging address		PREVIOUS POLICY NO.
	Business of Named "Insured":		AGENCY NO.    BRANCH
Garaging address if different:	Commodities hauled:	UW #	SOURCE    # YRS.

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as Covered "Autos." "Autos" are shown as Covered "Autos" for a particular coverage by the entry of one or more of the Symbols from the Covered Auto Section of the Coverage Form next to the name of the coverage.

	Covered "Autos"	COVERAGES	LIMITS OF LIABILITY	PREMIUM
LIABILITY		(1) BODILY INJURY - <b>BI</b>	\$                    each person    \$                    each "accident"	\$
		(2) PROPERTY DAMAGE - <b>PD</b>	\$                    each "accident"	\$
		COMBINED (1) AND (2) - <b>CSL</b>	\$                    each "accident"	\$
		TRAILER INTERCHANGE	See Item Nine	\$
ADDITIONAL COVERAGES BY ENDORSEMENT		PERSONAL INJURY PROTECTION - <b>PIP</b> (or equivalent No-Fault coverage)	Separately Stated in each PIP endorsement	\$
		ADDED PIP (or equivalent No-Fault coverage)	Separately Stated in each added PIP endorsement	\$
		PROPERTY PROTECTION - <b>PPI</b> (Michigan Only)	Separately Stated in PPI endorsement	\$
		"AUTO" MEDICAL PAYMENTS*	\$	\$
		UNINSURED MOTORISTS - <b>UM</b> <input type="checkbox"/> Incl. UIM Underinsured Motorists	Separately stated in Endorsement(s)	\$
PHYSICAL DAMAGE		UNDERINSURED MOTORISTS - <b>UIM</b>	Separately stated in Endorsement(s)	\$
		COMPREHENSIVE	Stated Limit, Actual Cash Value or Cost of Repairs, <b>whichever is less minus the deductible.</b>	\$
		SPECIFIED CAUSES OF LOSS		\$
		COLLISION		\$
		RENTAL REIMBURSEMENT		\$

ADDITIONAL PREMIUM PER ENDORSEMENTS:	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:	\$
Per Schedule of Forms and Endorsements N-2500	ESTIMATED TOTAL PREMIUM
	\$

<b>ITEM THREE - HIRED AUTO LIABILITY INSURANCE</b>	ESTIMATED COST OF HIRE \$					
Rate per \$100 Cost of Hire	\$                    BI \$                    PD \$                    CSL	Minimum Premium	\$                    BI \$                    PD \$                    CSL	Advance Premium (incl. in <b>ITEM TWO</b> LIABILITY)	\$                    BI \$                    PD \$                    CSL	Cost of hire means the total cost you incur for the hire of "autos" you don't own.

<b>ITEM FOUR - SCHEDULE OF COVERED AUTOS YOU OWN</b>			
Year, Model, Trade Name, Body Type		Identification Number (VIN)	Loss Payee = LP    Additional Insured = AI

LIABILITY PREMIUMS							STATED AMOUNT	PHYSICAL DAMAGE PREMIUMS			
LIAB	OWN/OP LIAB	PIP	MED*	OWN/OP MED/PIP	UM	OTHER		Comp. S. P.	DED.	COLL.	DED.

\*For Virginia Med. = Medical Expense and Income Loss Benefits.

Countersigned Date \_\_\_\_\_ By \_\_\_\_\_

THESE DECLARATIONS TOGETHER WITH THE COVERAGE FORM PROVISIONS AND ENDORSEMENTS, IF ANY,  
ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.  
Includes copyrighted material of Insurance Services Office, with its permission.



# SUPPLEMENTARY COMMERCIAL AUTO COVERAGE FORM DECLARATIONS

## PART 2

POLICY NO. \_\_\_\_\_

**ITEM FIVE - NAMED LESSEE(S) AND ADDRESS****ITEM SIX - ADDITIONAL SYMBOLS****ITEM SEVEN - SCHEDULE FOR NON-OWNERSHIP LIABILITY**

Rating Basis - Number of Employees

Estimated Number of Employees _____	ADVANCE PREMIUM (This item is included in <b>ITEM TWO</b> LIABILITY)	BODILY INJURY \$ _____
		PROPERTY DAMAGE \$ _____
		COMBINED SINGLE LIMIT \$ _____

**ITEM EIGHT - SCHEDULE OF HIRED COVERED AUTO COVERAGE****PHYSICAL DAMAGE INSURANCE**

COVERAGES	DEDUCTIBLE	LIMIT OF LIABILITY	RATE	MINIMUM PREMIUM	ADVANCE PREMIUM (incl. in <b>ITEM TWO</b> PHYSICAL DAMAGE)
COMPREHENSIVE	\$	\$ _____ Stated Limit, Actual Cash Value or Cost of Repairs whichever is less minus the deductible	\$	\$	\$
SPECIFIED CAUSES OF LOSS	\$		\$	\$	\$
COLLISION	\$		\$	\$	\$
TOTAL:				\$	\$

**ITEM NINE - TRAILER INTERCHANGE INSURANCE**

COVERAGES	DEDUCTIBLE	LIMIT OF LIABILITY	RATE	MINIMUM PREMIUM	ADVANCE PREMIUM (incl. in <b>ITEM TWO</b> LIABILITY)
COMPREHENSIVE	\$	\$ _____ Stated Limit, Actual Cash Value or Cost of Repairs whichever is less minus the deductible	\$	\$	\$
SPECIFIED CAUSES OF LOSS	\$		\$	\$	\$
COLLISION	\$		\$	\$	\$
Number of Trailer Days _____			TOTAL:	\$	\$

**ITEM TEN - MONTHLY REPORTING POLICIES**

COVERAGES	RATING BASIS CODES GR - Gross Receipts MI - Gross Mileage PU - Rate per Power Unit VE - Value of Equipment	RATES	ESTIMATED ANNUAL PREMIUMS	DEPOSIT PREMIUM \$ _____
			\$ _____	MINIMUM PREMIUM LIABILITY  \$ _____ Monthly  \$ _____ Annually
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	

**EXPOSURES:**

Estimated annual gross receipts \$ \_\_\_\_\_  
Estimated annual gross mileage \_\_\_\_\_  
Number of power units \_\_\_\_\_  
Value of equipment \$ \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL ESTIMATED ANNUAL PREMIUM

Deductibles are: \$ \_\_\_\_\_ Liability  
\$ \_\_\_\_\_ Comprehensive  
\$ \_\_\_\_\_ Specified Perils  
\$ \_\_\_\_\_ Collision

See separate endorsements for reporting conditions and definitions.



Northland Insurance Company  
St. Paul, MN 55102

## COMMERCIAL GENERAL LIABILITY DECLARATIONS

**Effective Date:** 12:01 A.M. Standard Time at Named "Insured's" mailing address  
**Expiration Date:**  
**Policy No:**

**Named Insured:**

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### LIMITS OF INSURANCE

Each Occurrence Limit	\$ _____	
Damage To Premises Rented To You Limit	\$ _____	Any One Premises
Medical Expense Limit	\$ _____	Any One Person
Personal and Advertising Injury Limit	\$ _____	Any One Person or Organization
General Aggregate Limit	\$ _____	
Products/Completed Operations Aggregate Limit	\$ _____	

---

### BUSINESS INFORMATION

Form of Business:

Loc. # Address of All Premises That You Own, Rent or Occupy

---

### CLASSIFICATION AND PREMIUM

Loc. #	Classification	Code No.	Premium Base	Rate		Advance Premium	
				Pr/CO	All Other	Pr/CO	All Other
						\$	\$
					Subline Premiums	\$	\$
					Total Advance Premium	\$	

---

### FORMS AND ENDORSEMENTS

The schedule of coverage declarations, forms and endorsements shown on NL-2500 make up your policy as of the effective date shown above.

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S)  
AND ENDORSEMENTS, COMPLETE THE ABOVE NUMBERED POLICY.

When used as a premium base:

**"Area"** (premium basis symbol a) means:

The total number of square feet of floor space at the insured premises, computed as follows:

1. For entire buildings, by multiplying the product of the horizontal dimensions of the outside of the outer building walls by the number of floors, including basements but do not use the area of the following:
  - a. Courts and mezzanine types of floor openings.
  - b. Portions of basements or floors where 50% or more of the area is used for shop or storage for building maintenance, dwelling by building maintenance employees, heating units, power plants or air-conditioning equipment.
2. For tenants, determine the area they occupy in the same manner as for the entire buildings.
3. The rates apply per 1,000 square feet of area.

**"Total Cost"** (premium basis symbol c) means:

The total cost of all work let or sublet in connection with each specific project including:

1. The cost of all labor, materials and equipment furnished, used or delivered for use in the execution of the work, however, do not include the cost of finished equipment installed but not furnished by the subcontractor if the subcontractor does not other work on or in connection with such equipment; and
2. All fees, bonuses or commissions made, paid or due.
3. The rates apply per \$1,000 of total cost.

**"Admissions"** (premium basis symbol m) means:

The total number of persons, other than employees of the named insured, admitted to the event insured or to events conducted on the premises whether on paid admissions, tickets, complimentary tickets or passes.

The rates apply per 1,000 admissions.

**"Payroll"** (premium basis symbol p) means:

1. Commissions;
2. Bonuses;
3. Extra pay for overtime work, in accordance with the manuals in use by us;
4. Pay for holidays, vacations or periods of sickness;
5. Payment by an employer of amounts otherwise required by law to be paid by employees to statutory insurance or pension plans, such as the Federal Social Security Act;
6. Payment to employees on any basis other than time worked, such as piecework, profit sharing or incentive plans;
7. Payment or allowance for hand tools or power tools used by hand provided by employees and used in their work or operations to the insured;
8. The rental value of an apartment or a house provided for an employee based on comparable accommodations;
9. The value of lodging, other than an apartment or house, received by employees as part of their pay, to the extent shown on the insured's records;
10. The value of meals received by employees as part of their pay to the extent shown in the insured's records;
11. The value of store certificates, merchandise, credits or any other substitute for money received by employees as part of their pay;
12. The payroll of mobile equipment operators and their helpers, whether or not the operators are designated or licensed to operate automobiles. If the operators and their helpers are provided to the insured along with equipment hired under contract and their actual payroll is not known, use 1/3 of the total amount paid out by the insured for the hire of the equipment;
13. The payroll of executive officers of a corporation and individual insureds and co-partners. For the purposes of payroll determination, managers of limited liability companies shall be considered executive officers and members of limited liability companies shall be considered co-partners. The executive officers of a corporation are those persons holding any of the officer positions created by the named insured's charter, constitution or by-laws or any other similar governing document. The payroll of all executive officers of a corporation and individual insureds or co-partners engaged principally in clerical operations or as salespersons, and officers and co-partners who are inactive for the entire policy period, shall not be included for premium purposes. For part-time or seasonal businesses the payroll amounts may be reduced by 2 percent for each full calendar week in excess of twelve during which the risk performs no operations.
14. The payroll of leased workers furnished to the named insured by a labor leasing firm. Premium on such payroll shall be based on the classifications and rates which would have applied if the leased workers had been the direct employees of the named insured. If payroll is unavailable, use 100% of the total cost of the contract for leased workers as the payroll of leased workers. The premium shall be charged on that amount as payroll. If investigation of a specific employee leasing contract discloses that a definite amount of the contract price represents payroll, such amount shall be considered payroll for premium computation purposes.
15. Fees paid to employment agencies for temporary personnel provided to the insured.

Payroll does not include:

1. Tips and other gratuities received by employees;
2. Payments by an employer to group insurance or group pension plans for employees in accordance with the manuals in use by us;

3. The value of special rewards for individual invention or discovery;
4. Dismissal or severance payments except for time worked or accrued vacation;
5. The payroll of clerical office employees. Clerical office employees are those employees who work in an area which is physically separated by walls, floors or partitions from all other work areas of the insured and whose duties are strictly limited to keeping the insured's books or records or conducting correspondence, including any other employees engaged in clerical work in the same area;
6. The payroll of salesmen, collectors or messengers who work principally away from the insured's premises. Salesmen, collectors or messengers are those employees engaged principally in any such duties away from the premises of the employer;  
**Exception:** This term does not apply to any employee whose duties include the delivery of any merchandise handled, treated or sold.
7. The payroll of drivers and their helpers if their principal duties are to work on or in connection with automobiles.
8. The payroll of aircraft pilots or co-pilots if their principal duties are to work on or in connection with aircraft in either capacity.
9. The payroll of draftsmen, if their duties are limited to office work only, and who are engaged strictly as draftsmen in such a manner that they are not exposed to the operative hazards of the business.

The rates apply per \$1,000 of payroll.

**"Overtime"**

1. Definition

Overtime means those hours worked for which there is an increase in the rate of pay:

- a. For work in any day or in any week in excess of the number of hours normally worked; or
- b. For hours worked in excess of 8 hours in any day or 40 hours in any week; or
- c. For work on Saturdays, Sundays or holidays.

In the case of guaranteed wage agreements, overtime means only those hours worked in excess of the number specified in such agreement.

2. Exclusion Of Overtime Payroll

The extra pay for overtime shall be excluded from the payroll on which premium is computed as indicated in (1) or (2), provided the insured's books and records are maintained to show overtime pay separately by employee and in summary by classification.

- a. If the records show separately the extra pay earned for overtime, the entire extra pay shall be excluded.
- b. If the records show the total pay earned for overtime (regular pay plus overtime pay) in one combined amount, 1/3 of this total pay shall be excluded. If double time is paid for overtime and the total pay for such overtime is recorded separately, 1/2 of the total pay for double time shall be excluded.

Exclusion of overtime pay does not apply to payroll assigned to the "Stevedoring" classifications.

**"Gross Sales"** (premium basis symbol s) means:

1. The gross amount charged by the named insured, concessionaires of the named insured or by others trading under the insured's name for:
  - (a) All goods or products, sold or distributed;
  - (b) Operations performed during the policy period;
  - (c) Rentals; and
  - (d) Dues and fees.
2. Inclusions

The following items shall not be deducted from gross sales:

- (a) Foreign exchange discounts;
- (b) Freight allowance to customers;
- (c) Total sales of consigned goods and warehouse receipts;
- (d) Trade or cash discounts;
- (e) Bad debts; and
- (f) Repossession of items sold on installments (amount actually collected).

3. Exclusions

The following items shall be deducted from gross sales:

- (a) Sales or excise taxes which are collected and submitted to a governmental division;
- (b) Credits for repossessed merchandise and products returned. Allowances for damaged and spoiled goods;
- (c) Finance charges for items sold on installments;
- (d) Freight charges on sales if freight is charged as a separate item on customer's invoice;
- (e) Royalty income from patent rights or copyrights which are not product sales; and
- (f) Rental receipts from products liability coverage only.

The rates apply per \$1,000 of gross sales.

**"Units"** (premium basis symbol u) means:

A single room or group of rooms intended for occupancy as separate living quarters by a family, by a group of unrelated persons living together, or by a person living alone. The rates apply per each unit.

**"Each"** (premium basis symbol t) means:

Each unit of exposure as defined in the classification footnotes.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### **EXCLUSION - DISCRIMINATION**

This endorsement modifies insurance under the following:

#### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

This insurance does not apply to:

"Bodily injury", "property damage" or "personal and advertising injury" resulting from, or as a consequence of, discrimination, whether intentional or unintentional, based upon a person's sex, sexual preference, marital status, race, creed, religion, national origin, age, physical capabilities, characteristics or condition, or mental capabilities or condition.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITATION - CLASSIFICATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

This insurance applies to "bodily injury", "property damage", "personal and advertising injury", or medical expense arising out of only those operations which are classified and shown on the Commercial General Liability Coverage Declarations, its endorsements, and supplements.



Northland Insurance Company  
St. Paul, MN 55102

## COMMERCIAL INLAND MARINE DECLARATIONS

**Effective Date:**

**Expiration Date:**

**Policy No:**

12:01 A.M. Standard Time at Named "Insured's" mailing address

**Named Insured:**

---

### COVERAGE(S) PROVIDED

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### DESCRIPTION OF PROPERTY/LIMITS OF INSURANCE/PREMIUM

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Item #	Description	Serial Number	Limit of Insurance
--------	-------------	---------------	--------------------

		RATE:	\$
	MAXIMUM LIMIT OF INSURANCE ANY ONE OCCURRENCE:		\$
	TOTAL ADVANCE PREMIUM:		\$

---

**DEDUCTIBLE:** \$

---

**SPECIAL PROVISIONS**

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### FORMS AND ENDORSEMENTS

---

The schedule of coverage declarations, forms and endorsements shown on NL-2500 make up your policy as of the effective date shown above.

---

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S)  
AND ENDORSEMENTS, COMPLETE THE ABOVE NUMBERED POLICY.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## LOSS PAYABLE PROVISIONS

\*This endorsement is **EFFECTIVE**

\*and is part of Policy Number:

\*issued to:

\*Entry optional if shown in the Policy Declarations. If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

This endorsement modifies insurance under the Coverage Part as shown on the

### COMMERCIAL INLAND MARINE DECLARATIONS

For Covered Property in which both you and a Loss Payee shown in the Schedule below or in the Declarations have an insurable interest, we will:

- A. adjust losses with you; and
- B. pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

### SCHEDULE

Coverage	Item #	Description of Property	Loss Payee (Name & Address)
----------	--------	-------------------------	-----------------------------



Northland Insurance Company  
St. Paul, MN 55102

## TRANSPORTATION CARGO DECLARATIONS

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT  
**Effective Date:** 10/19/2006      **Expiration Date:** 10/19/2007      **Policy No:** DRAFT  
12:01 A.M. Standard Time at Named "Insured's" mailing address

---

**ITEM ONE - NAMED INSURED**

---

John Tyler Trucking

**Legal Entity:**

**Garaging address if different:**

**Commodities hauled:**

---

**ITEM TWO - SCHEDULE OF COVERED AUTOS**

---

This policy provides only those coverages where a charge is shown. The Schedule of Automobiles shown on TL-434 make up your policy as of the effective date shown on the Common Policy Declarations.

CARGO	\$	
<b>ADDITIONAL PREMIUM PER ENDORSEMENT</b>		
NAMED SHIPPER LIMIT OF INSURANCE	\$	PREM_SHIP
DEDUCTIBLE REIMBURSEMENT CARGO	\$	
<b>TOTAL PREMIUM</b>		<b>\$ PREM_TTL_CARG</b>

---

**FORMS AND ENDORSEMENTS**

---

The schedule of coverage declarations, forms and endorsements shown on NL-2500 make up your policy as of the effective date shown above.

---

**ITEM THREE - HIRED AUTO CARGO INSURANCE**

---

Cost of hire means the total cost you incur to lease, hire or borrow "autos" you don't own.

	ESTIMATED COST OF HIRE	RATE PER \$100 COST OF HIRE	MINIMUM PREMIUM	ADVANCE PREMIUM (incl. in ITEM TWO)
	\$	\$	\$	\$

---

**ITEM FOUR - MONTHLY REPORTING POLICIES**

---

NOT APPLICABLE

---

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **THEFT DEDUCTIBLE**

This endorsement modifies the insurance provided under the following:

### **TRANSPORTATION CARGO COVERAGE FORM**

#### **A. Theft Deductible**

If "loss" to covered property is caused by or results from theft of an unattached "trailer", the following replaces Section D. Deductible.

#### **D. Deductible**

We will not pay for "loss" in any one occurrence until the amount of the "loss" before applying the applicable Limits of Insurance, exceeds the Theft Deductible shown in the Declarations or Schedule of Automobiles. We will then pay the amount of the "loss" in excess of the Theft Deductible.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### NAMED SHIPPER LIMIT OF INSURANCE

\* This endorsement is **EFFECTIVE**

\* and is part of Policy Number:

\* issued to:

\* Entry optional if shown in the Policy Declarations. If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

This endorsement modifies insurance under the following:

#### TRANSPORTATION CARGO COVERAGE FORM

The Limit of Insurance as shown on Coverage Form Declaration - Limits of Insurance is modified as follows:

1. On any load that "you" carry for a shipper(s) named below, the Limit of Insurance and deductible shown for that shipper(s), will apply.
2. On loads that "you" carry for any shipper(s) not named in this endorsement, the Limit of Insurance and deductible stated on the Coverage Form Declaration - Limits of Insurance, will apply.

All other terms and condition of the policy remain unchanged.

**Shipper / Address**

**Limit of Insurance**

**Deductible**

<i>SERFF Tracking Number:</i>	<i>TRVC-125957814</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Northland Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NIC-08-031AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>Truck Program</i>		
<i>Project Name/Number:</i>	<i>Form Revisions/Additions/NIC-08-031AR</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	TRVC-125957814	State:	Arkansas
Filing Company:	Northland Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	NIC-08-031AR		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0004 Truckers
Product Name:	Truck Program		
Project Name/Number:	Form Revisions/Additions/NIC-08-031AR		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	01/06/2009
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### Comments:

### Attachments:

Filing Transmittal Form.pdf  
Form Filing Schedule.pdf

<b>Satisfied -Name:</b>	Forms Memorandum	<b>Review Status:</b>	Approved	01/06/2009
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### Comments:

### Attachment:

Northlink Form Filing Memorandum.pdf

**Property & Casualty Transmittal Document (Revised 1/1/06)**

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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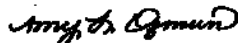
<b>3. Group Name</b>	<b>Group NAIC #</b>
St. Paul Travelers Affiliated Property & Casualty Insurers	3548

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
Northland Insurance Company	MN	24015	41-6009967

<b>5. Company Tracking Number</b>	<b>NIC-08-031AR</b>
-----------------------------------	---------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Amy Ozmun Northland Insurance 385 Washington St, Mail Code 9275-SB03N St. Paul, MN 55102	State Filing Analyst	800-237-9334 ext. 04740	651-310-4740	aozmun@northlandins.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Amy L. Ozmun

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	Truckers
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	20.0004
12. Company Program Title (Marketing title)	Truck Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: 04/01/2009                      Renewal: 04/15/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	12/19/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	NIC-08-031AR
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<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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This letter and the attached material are submitted as an independent filing on behalf of the Northland Insurance Company.

By this submission we also propose to place on file the enclosed new and revised forms for use with our Truck Program in your state. Our company has recently developed a new rating and policy issuance system. We will be maintaining two separate database systems to enter policies. One system will be used for our Truck Program Fleet business and the other for the Truck Program Non-Fleet business. In order to accommodate our new rating system, it will be necessary to have forms that can be utilized by both systems or on an individual basis for our filed Truck Program.

A number of the proposed forms will have the capability to address all coverage's, yet the form will display only the coverage's purchased by the insured. The attached forms will display the capacity of the form, and will be customized according to the purchased coverage's. Technically, the following form revisions do not alter the terms and conditions of the endorsement. We have made a number of format changes and have outlined them under each revised form. We have also created several new declarations, endorsements and supplemental forms specific to the new rating system. Please refer to the attached filing memorandum which displays the new and revised forms changes.

**The filing fee of \$50.00 has been submitted via EFT.**

Your acknowledgment and approval of this filing to be effective April 1, 2009, for new business and April 15, 2009 for renewal business, sent via SERFF, will be appreciated.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:** Sent via EFT  
**Amount:** \$50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>NIC-08-031AR</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>N/A</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Common Policy Declarations	TDL-047 (1/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Commercial Insurance Policy (jacket)	TJL-01 (1/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Policy Changes	TL-064 (1/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Change Endorsement	TL-066 (1/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Continuation Endorsement	TL-365 (1/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Named Insured Endorsement	TL-476 (1/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Schedule of Forms and Endorsements	NL-2500 (1/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Commercial Auto Declarations	TDL-01 (1/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Schedule of Automobiles	TL-434 (8/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Radius Restriction	T-004 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-004 (9/90)	
11	Punitive Damages Exclusion	T-006 AR (1/09)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-038 (9/90)	
12	Additional Insured Endorsement	T-164 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-164 (9/05)	
13	Policy Changes – Lessee Coverage	T-187 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-238 (11/96)	

14	Truckers – Insurance for Non-Trucking Use	T-348 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-348 (10/95)	
15	Hired Autos Specified As Covered Autos You Own (Autos Hired with Drivers; Non-Trucking Use Excluded)	T-360 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-360 (6/96)	
16	Hired Autos Specified As Covered Autos You Own (Autos Hired with Drivers; Non-Trucking Use Excluded)	T-361 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-361 (6/96)	
17	Hired Autos Specified As Covered Autos You Own (Autos Hired with Drivers; Non-Trucking Use Included)	T-362 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-362 (6/96)	
18	Transfer of Rights of Recovery Against Others to Us	T-403 (11/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-403 (7/99)	
19	Deductible Reimbursement Coverage	T-410 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-410 (9/05)	
20	Lessor – Additional Insured and Loss Payee (Multi Units Under Written Lease with Single Lessor)	T-440 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-440 (6/03)	
21	Deluxe Coverage Endorsement	T-465 (8/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-465 (9/05)	
22	Lessor – Additional Insured and Loss Payee	T-470 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-470 (12/05)	
23	Commercial Auto Coverage Form Declarations	TD-01 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	TD-01 (9/05)	
24	Supplementary Commercial Auto coverage Form Declarations	TD-01s (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	TD-01s (8/05)	
25	Commercial General Liability Declarations	TDL-25 (107)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
26	Exclusion – Discrimination	T-479 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	S2601-CG (8/02)	
27	Limitation – Classification	T-480 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	S17-CG (6/99)	
28	Commercial Inland Marine Declarations	TDL-10 (1/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
29	Loss Payee Provisions	S295-CM (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	S295-CM (9/88)	

Effective March 1, 2007

30	Transportation Cargo Coverage Declarations	TDL-441 (8/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
31	Theft Deductible	T-404 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-404 (6/03)	
32	Named Shipper Limit of Insurance	T-437 (1/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	T-437 (9/05)	
33	Portable Elevators or Loading Chutes	T-007 (9/90)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
34			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
35			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**TRUCK PROGRAM  
STATE OF ARKANSAS  
NORTHLAND INSURANCE COMPANY  
FILING EXPLANATORY MEMORANDUM  
EFFECTIVE: 04/01/2009 NEW BUSINESS AND 04/15/2009 RENEWALS**

Our company has recently developed a new rating and policy issuance system. We will be maintaining two separate database systems to enter policies. One system will be used for our Truck Program Fleet business and the other for the Truck Program Non-Fleet business. In order to accommodate our new rating system, it will be necessary to have forms that can be utilized by both systems or on an individual basis for our filed Truck Program.

A number of forms will have the capability to address all coverage's, yet the form will display only the coverage's purchased by the insured. The attached forms will display the capacity of the form, and will be customized according to the purchased coverage's. Technically, the following form revisions do not alter the terms and conditions of the endorsement. We have made a number of format changes and have outlined them under each revised form. We have also created several new declarations, endorsements and supplemental forms specific to the new rating system. Please place on file the following form additions and revisions.

**Common Forms - Division Use: Auto, Cargo, Inland Marine, General Liability**

**Please add the following new forms:**

TDL-04 1/07 Common Policy Declarations  
TJL-01 1/07 Commercial Insurance Policy (jacket)  
TL-064 1/08 Policy Changes  
TL-066 1/07 Change Endorsement  
TL-365 1/08 Continuation Endorsement  
TL-476 1/07 Named Insured Endorsement  
NL-2500 1/07 Schedule of Forms and Endorsements

**Division Use: Auto**

**Please add the following new forms:**

TDL-01 1/07 Commercial Auto Declarations  
TL-434 8/07 Schedule of Automobiles

**Please add the following revised forms:**

T-004 1/07 Radius Restriction replaces T-004 9/90. We have added "garaging" to identify address. Also the format: added applicable coverage forms and deleted signature and date line.

T-006 AR (1/09) Punitive Damages Exclusion replaces T-038 9/90. We have made the following format changes: deleted when endorsement effective and authorized signature line and added applicable coverage forms.

**TRUCK PROGRAM  
STATE OF ARKANSAS  
NORTHLAND INSURANCE COMPANY  
FILING EXPLANATORY MEMORANDUM  
EFFECTIVE: 04/01/2009 NEW BUSINESS AND 04/15/2009 RENEWALS**

**Division Use: Auto (continued)**

**Please add the following revised forms:**

T-164 1/07 Additional Insured Endorsement replaces T-164 9/05. We have deleted reference to Transportation Cargo Coverage Form and added Business Auto and Garage Coverage Forms and Replaced Section II paragraph with ISO language from CA2048.

T-187 1/07 Policy Changes – Lessee coverage replaces T-238 11/96. We have made the following format changes: deleted the effective date box, amended language to cover all lessees. A.1. f. changed from “the lessee(s) indicated below is” to “All Lessees are” and deleted check boxes.

T-348 1/07 Truckers- Insurance For Non-Trucking Use replaces T-348 10/95. We have made the following format changes: coverage forms are now 2<sup>nd</sup> paragraph, deleted reference to Business Auto Coverage form, deleted Countersignature and box and the Schedule of Autos was moved to the bottom of the endorsement.

T-360 1/07 Hired Autos Specified As Covered Autos You Own (Autos Hired with Drivers; Non-Trucking Use Excluded) replaces T-360 6/96. We have made the following format changes: deleted Countersignature and box, Coverage form is now 2<sup>nd</sup> paragraph, Schedule of autos at bottom of endorsement and Deleted Coverage and Limit Box.

T-361 1/07 Hired Autos Specified As Covered Autos You Own (Autos Hired with Drivers; Non-Trucking Use Excluded) replaces T-361 6/96. We have made the following format changes: Deleted Countersignature and box, Coverage form is now 2<sup>nd</sup> paragraph, Schedule of autos at bottom of endorsement and deleted Coverage and Limit Box.

T-362 1/07 Hired Autos Specified As Covered Autos You Own (Autos Hired with Drivers; Non-Trucking Use Included) replaces T-362 6/96. We have made the following format changes: deleted Countersignature and box, Coverage forms are now 2<sup>nd</sup> paragraph, Schedule of autos at bottom of endorsement and deleted Coverage and Limit Box.

T-403 11/07 Transfer of Rights of Recovery Against Others to Us replaces T-403 7/99. We have made the following format changes: alphabetized order of coverage forms, deleted signature and date line as well as Additional premium sentence. Added: “LIABILITY COVERAGE is changed”.

T-410 1/07 Deductible Reimbursement Coverage replaces T-410 9/05. We have made format changes to: What coverage forms are modified now 2<sup>nd</sup> paragraph, deleted effective time, and deleted Authorized Representative Signature and Date line. In addition we have moved the coverage line check boxes.

T-440 1/07 Lessor- Additional Insured and Loss Payee (Multi Units Under Written Lease with Single Lessor) replaces T-440 6/03. We have made the following format changes: deleted the countersignature and box, changed “stated value” to “stated limit” and deleted 2nd sentence under B.2. Loss Payable Clause. Also item A.3. was deleted.

**TRUCK PROGRAM  
STATE OF ARKANSAS  
NORTHLAND INSURANCE COMPANY  
FILING EXPLANATORY MEMORANDUM  
EFFECTIVE: 04/01/2009 NEW BUSINESS AND 04/15/2009 RENEWALS**

**Division Use: Auto (continued)**

**Please add the following revised forms:**

T-465 8/07 Deluxe Coverage Endorsement replaces T-465 9/05. We have corrected the Deductible Reduction table on Diminishing Deductible and revised the format, capitalizing all references to coverage forms.

T-470 1/07 Lessor – Additional Insured and Loss Payee replaces T-470 12/05. We have made the following format changes: Schedule of Autos & Coverage/Limits moved to bottom of endorsement and changed from “stated value” to “stated limit.”

TD-01 1/07 Commercial Auto Coverage Form Declarations replaces TD-01 9/05. Under Item Two we have corrected the reference to symbols found in the Covered Auto section of the Coverage Form and changed Specified Perils to Specified Causes of Loss and Stated Amount to Stated Limit. Also we have deleted the reference to the symbols in Item Three.

TD-01S 1/07 Supplementary Commercial Auto Coverage Form Declarations replaces TD-01S 8/05. We have changed Specified Perils to Specified Causes of Loss and Stated Amount to Stated Limit.

**Division Use: General Liability**

**Please add the following new forms:**

TDL-25 1/07 Commercial General Liability Declarations

**Please add the following revised forms:**

T-479 1/07 Exclusion – Discrimination replaces S2601-CG 8/02 Exclusion – Discrimination. We have made the following format changes: deleted line displaying when endorsement is effective and changed the form number.

T-480 1/07 Limitation – Classification replaces S17-CG 6/99. We have made the following format changes: deleted line displaying when endorsement is effective and deleted Authorized signature line. Also we have changed the form number.

**Division Use: Inland Marine**

**Please add the following new form:**

TDL-10 1/07 Commercial Inland Marine Declarations

**TRUCK PROGRAM  
STATE OF ARKANSAS  
NORTHLAND INSURANCE COMPANY  
FILING EXPLANATORY MEMORANDUM  
EFFECTIVE: 04/01/2009 NEW BUSINESS AND 04/15/2009 RENEWALS**

**Division Use: Inland Marine (cont.)**

**Please add the following revised forms:**

S295-CM 1/07 Loss Payee Provisions replaces S295-CM 9/88. We have made the following format changes: added Coverage and Item# to Schedule

**Division Use: Inland Marine - Cargo**

**Please add the following new form:**

TL-434 8/07 Schedule of Automobiles  
TDL-441 8/07 Transportation Cargo Coverage Declarations

**Please add the following revised forms:**

T-404 1/07 Theft Deductible replaces T-404 6/03. We have made the following format changes: deleted when endorsement is effective and authorized signature line.

T-410 1/07 Deductible Reimbursement Coverage replaces T-410 9/05. We have made format changes to: What coverage forms are modified now 2<sup>nd</sup> paragraph, deleted effective time, and deleted Authorized Representative Signature and Date line. In addition we have moved the coverage line check boxes.

T-437 1/07 Named Shipper Limit of Insurance replaces T-437 9/05. We have made the following format changes: added Deductible to table and "deductible" in 1. and 2.

T-465 8/07 Deluxe Coverage Endorsement replaces T-465 9/05. We have made the following format changes: corrected the Deductible Reduction table on Diminishing Deductible. Capitalized all references to coverage forms.

**Withdrawn Forms**

T-007 (9/90) Portable Elevators or Loading Chutes